



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy**

Newsletter

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Update on the Prior Authorization Program for Brand-Name Narcotics

On August 4, 2008, the NC Medicaid Outpatient Pharmacy Program will implement a new prior authorization (PA) program for brand-name schedule II (CII) narcotics. Brand-name short-acting and long-acting CII narcotics will require PA. If a pharmacy provider receives a point-of-sale message that PA is required for one of these medications, the prescriber may contact ACS at 866-246-8507 (fax) to request PA for the medication. Prior authorization requests for these medications will be accepted by facsimile (fax) only. The signature of the prescriber on the request form will be required as an important safeguard against fraud and abuse. Providers may continue to contact ACS at 866-246-8505 (telephone) with questions concerning the PA program.

North Carolina Medicaid Upper Limits for Ovide and Lindane

Effective August 1, 2008, the NC Medicaid Outpatient Pharmacy Program will begin instituting upper limits on Ovide and Lindane based on the FDA guidelines. This will limit the maximum number of dosage units per prescription that can be covered at one time to 60 ml. Multiple members of a family requiring treatment who are NC Medicaid eligible must each have their own prescription for Ovide or Lindane and claims must be billed appropriately under each individual Medicaid ID number.

Amitiza Coverage

Amitiza will be covered by NC Medicaid, but will be restricted to age and gender as approved by the FDA.

The following NDCs are covered for **both** genders over 18 years of age.

NDC	DRUG DESCRIPTION
64764024010	AMITIZA 24MCG CAPSULES
64764024060	AMITIZA 24MCG CAPSULES

The following NDC is covered for females only over 18 year of age.

NDC	DRUG DESCRIPTION
64764008060	AMITIZA 8MCG CAPSULES

Additional OTC Added to the Over-the-Counter Medications Coverage List

The following OTC product became available for reimbursement by NC Medicaid in conjunction with a prescription order by the physician.

NDC	Drug Label Name	Effective Date
63868015710	LORATADINE REDIDOSE OTC	7/3/2008

The list of covered OTC drug codes is available on the NC Division of Medical Assistance website in General Medical Policy A-2 and can be found at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>.

Deleted NDCs from CMS

The following product does not meet the definition of a covered outpatient drug and is not rebate-eligible. Therefore, it is being deleted from the CMS Master Drug Rebate (MDR) file of covered outpatient drugs effective as of **July 2, 2008**.

NDC	DRUG DESCRIPTION
16881030015	AURALGAN OTIC DROPS

The FDA has determined that the following drug is a DESI code 5; therefore, this drug will no longer be eligible for Medicaid coverage and rebate billing effective as of July 11, 2008.

NDC	DRUG DESCRIPTION
68308083010	DIACETAZONE CAPSULES

Reporting Provider Changes

All providers are responsible for ensuring that information on file with the NC Medicaid Program for their practice or facility remains up to date. This includes changes of ownership (within 30 days), name, address, telephone numbers, e-mail addresses, tax identification numbers, licensure status, and the addition or deletion of group members.

Providers shall complete and return the **Medicaid Provider Change Form** to report changes in provider status. The form is available on DMA's website at <http://www.ncdhhs.gov/dma/forms.html> (under Provider Forms, then Administrative).

Failure to report changes in provider status may result in suspension of the Medicaid provider number and a delay in provider's receipt of claims reimbursement. In addition, providers may be liable for taxes on income not received by their business.

If Remittance and Status Advices (RAs) and checks cannot be delivered due to an incorrect billing address in the provider's file, all claims for the provider number are suspended and the subsequent RAs and checks are no longer printed. Automatic deposits are also discontinued.

Once a suspension has been placed on the provider number, the provider has 90 days to submit an address change. After 90 days, if the address has not been corrected, suspended claims will be denied and the provider number will be terminated.

Clinical Coverage Policies

The following new or amended clinical coverage policies are now available on DMA's website at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>:

1A-12, Breast Surgeries
1E-3, Sterilization Procedures
9, Outpatient Pharmacy Program

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

Changes in Drug Rebate Manufacturers

The following changes have been made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer's code, which are the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and have joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
23110	Probactive Biotech, Inc.	06/17/2008
24477	EKR Therapeutics, Inc.	06/27/2008

Voluntarily Terminated Labelers

The following labelers have requested voluntary termination effective July 1, 2008:

Cangene Corporation	(Labeler 60492)
MGI GP dba MGI Pharma.	(Labeler 61379)
Glaxosmithkline.	(Labeler 66203)
Faro Pharmaceuticals, Inc.	(Labeler 60976)
Oxford Pharmaceutical Services.	(Labeler 64803)
Laser Pharmaceuticals, LLC.	(Labeler 68134)

Checkwrite Schedule

July 08, 2008	August 12, 2008	September 09, 2008
July 15, 2008	August 19, 2008	September 16, 2008
July 22, 2008	August 28, 2008	September 25, 2008
July 30, 2008		

Electronic Cut-Off Schedule

July 03, 2008	August 07, 2008	September 04, 2008
July 10, 2008	August 14, 2008	September 11, 2008
July 17, 2008	August 21, 2008	September 18, 2008
July 24, 2008		

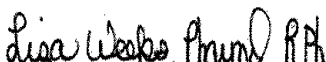
Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.



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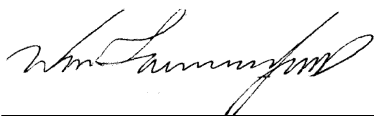
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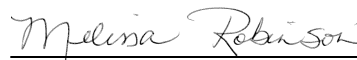
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